

FORM I
CT DETERMINATION FOR FILTERED SYSTEMS - MONTHLY REPORT TO DEP ¹

Month _____ Town _____ PWS Name _____
 Year _____ System/Treatment Plant _____ PWSID _____
 Disinfectant/Sequence of Application _____

Date	Disinfectant ² Concentration, C(mg/L)	Disinfectant ² Contact Time, T(min.)	CTcalc ³ (=C&T)	2,4 pH	Water ² Temp. (deg.C)	CT99.9 ⁵	(CTcalc/CT99.9)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
					Prepared by _____		
					Title _____		
					Date _____		

NOTES:

1. Use a separate form for each disinfectant/sampling site. Enter disinfectant and sequence position, e.g., "ozone/1st" or C102/3rd."
2. Measurement taken at peak hourly flow.
3. CTcalc = C (mg/L) x T (min.).
4. Only required if the disinfectant is free chlorine.
5. Number is obtained from CT Charts in 310 CMR 22.20 A Tables 1.1 - 1.6, 2.1, 3.1

RETURN TO DEP/DWP REGIONAL OFFICE WITHIN 10 DAYS AFTER THE REPORTING MONTH